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## Declaration for Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Modular CPR Assist Device the specification of which ☐ is attached hereto

☒ was filed on May 29, 1998 as Application No. 09/087,299 and ☐ was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Application Number	Country	Filing Date	Priority claimed

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States' application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Filing Date	Status

First Inventor: Full Name: Darren R. Sherman  
 Residence: Portola Valley, CA Citizenship US  
 Post Office Address: Emergency Medical Systems, Inc., 3270 Alpine Road, Portola Valley, CA 92048

Second Inventor: Full Name: Kenneth H. Mollenauer  
 Residence: Portola Valley, CA Citizenship US  
 Post Office Address: Emergency Medical Systems, Inc., 3270 Alpine Road, Portola Valley, CA 94028

Third Inventor: Full Name: \_\_\_\_\_  
 Residence: \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Post Office Address: \_\_\_\_\_

Fourth Inventor: Full Name: \_\_\_\_\_  
 Residence: \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Post Office Address: \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and any patent issuing thereon.

Date: 9/2/98

First Inventor

D. Sherman  
 Darren R. Sherman

Date: 9-3-98

Second Inventor

Kenneth H. Mollenauer  
 Kenneth H. Mollenauer

Date: \_\_\_\_\_

Third Inventor

Date: \_\_\_\_\_

Fourth Inventor

## Assignment of Invention and Patent Application

For value received, I (We), the undersigned inventors (hereinafter ASSIGNOR(s)), hereby sell, assign, transfer, and set over unto Emergency Medical Systems, Inc. and its successors or assigns (hereinafter ASSIGNEE) all of the following: (A) ASSIGNOR'S right, title and interest in and to the invention entitled:

Modular CPR Assist Device


invented by ASSIGNOR(s) \_\_\_\_\_

(B) the application for United States patent therefor, signed by ASSIGNOR on \_\_\_\_\_ having Serial Number 09/087,299, ☐ filed on even date herewith, ☒ filed on May 29, 1998

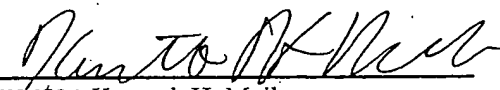
(C) any patent or reissues of any patent that may be granted thereon; and (D) any applications which are continuations, continuations-in-part, substitutes, or divisions of said application. ASSIGNOR authorizes ASSIGNEE to enter the date of signature and/or Serial Number and Filing Date in the spaces above. ASSIGNOR also authorizes and requests the Commissioner of Patents and Trademarks to issue any resulting patent(s).

ASSIGNOR hereby further sells, assigns, transfers, and sets over unto ASSIGNEE, ASSIGNOR'S entire right, title and interest in and to said invention in each and every country foreign to the United States; and ASSIGNOR further conveys to ASSIGNEE all priority rights resulting from the above-identified application for United States patent. ASSIGNOR agrees to execute all papers, give any required testimony and perform other lawful acts, at ASSIGNEE'S expense, as ASSIGNEE may require to enable ASSIGNEE to perfect ASSIGNEE'S interest in any resulting patent of the United States and countries foreign thereto, and to acquire, hold, enforce, convey, and uphold the validity of said patent and reissues and extensions thereof, and ASSIGNEE'S interest therein.

Date: 9/2/98

  
Inventor Darren R. Sherman

Date: 9-3-98

  
Inventor Kenneth H. Mollenauer

Date: \_\_\_\_\_

\_\_\_\_\_  
Inventor:

Date: \_\_\_\_\_

\_\_\_\_\_  
Inventor

Date: \_\_\_\_\_

\_\_\_\_\_  
Inventor

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

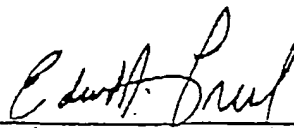
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EMERGENCY MEDICAL SYSTEMS, INC.", CHANGING ITS NAME FROM "EMERGENCY MEDICAL SYSTEMS, INC." TO "REVIVANT CORPORATION", FILED IN THIS OFFICE ON THE TENTH DAY OF JULY, A.D. 2000, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.



2709585 8100

001347276

  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

AUTHENTICATION:

0549453

DATE:

07-11-00

STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 09:00 AM 07/10/2000  
001347276 - 2709585

CERTIFICATE OF AMENDMENT OF  
CERTIFICATE OF INCORPORATION  
OF  
EMERGENCY MEDICAL SYSTEMS, INC.

The undersigned, Steven R. Bystrom and Mark Weeks, hereby certify that:

1. They are the duly elected and acting President and Secretary, respectively, of Emergency Medical Systems, Inc., a Delaware corporation.
2. The Certificate of Incorporation of this corporation was originally filed with the Secretary of State of Delaware on March 20, 1997, Amended and Restated Certificate of Incorporation was filed with the Secretary of State of Delaware on October 22, 1997, Amended and Restated Certificate of Incorporation was filed with the Secretary of State of Delaware on October 28, 1998 and Amended and Restated Certificate of Incorporation was filed with the Secretary of State of Delaware on August 16, 1999.
3. Pursuant to Section 242 of the General Corporation Law of the State of Delaware, this Certificate of Amendment of Certificate of Incorporation amends Article I of this corporation's Certificate of Incorporation to read in its entirety as follows:

"ARTICLE I

The name of this corporation is Revivant Corporation (the "Corporation")."

4. The foregoing Certificate of Amendment has been duly adopted by this corporation's Board of Directors and stockholders in accordance with the applicable provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware.

Executed at Sunnyvale, California, June 30, 2000.

  
Steven R. Bystrom, President

  
Mark Weeks, Secretary

# VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am



the owner of the small business concern identified below:



an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Emergency Medical Systems, Inc.

ADDRESS OF CONCERN: 3270 Alpine Road, Portola Valley, CA 94028

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code. In that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed, to and remain with the small business concern identified above with regard to the invention, entitled Modular CPR Assist Device  
invented by: Darren R. Sherman, Kenneth H. Mollenauer

and described in ☐ the specification filed herewith or ☒ the application serial no. 09/087,299  
filed on May 29, 1998 or ☐ U.S. Patent No. \_\_\_\_\_, issued \_\_\_\_\_

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business-concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME OF CONCERN: \_\_\_\_\_

ADDRESS OF CONCERN: \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

NAME OF CONCERN: \_\_\_\_\_

ADDRESS OF CONCERN: \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Steven R. Bystrom

TITLE OF PERSON SIGNING: President

ADDRESS OF PERSON SIGNING: 3270 Alpine Road, Portola Valley, CA 94028

SIGNATURE

SRB

DATE:

9-2-98

## POWER OF ATTORNEY

Emergency Medical Systems, Inc.

assignee(s) of the application for United States Letters Patent for

Modular CPR Assist Device

invented by Darren R. Sherman, Kenneth H. Mollenauer

☐ filed on even date herewith, ☒ having Serial No. 09/087,299, filed May 29, 1998  
a copy of the assignment of which is attached hereto, do(oes) hereby appoint as attorneys of  
record with full power of substitution and revocation, to prosecute this application and transact  
all business in the Patent and Trademark Office connected therewith: K. David Crockett, Esq.,  
Reg. No 34,311 and Robert Fish, Esq., Reg. No. 33,880.

Please send correspondence to:


K. David Crockett, Esq.

22362 Rosebriar

Mission Viejo, CA 92692

(949) 588-6171 or Fax (949) 588-6172.

I, the undersigned, declare that I am the (an) assignee of the above-identified application or, if the  
assignee is a corporation, partnership or other association, I am authorized to make this  
appointment on behalf of the assignee and I further declare that all statements made herein of my  
own knowledge are true and that all statements made on information and belief are believed to be  
true; and further that these statements were made with the knowledge that willful false  
statements and the like so made are punishable by fine or imprisonment, or both, under section  
1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize  
the validity of the application or any patent issuing thereon.

Assignee's Name: Emergency Medical Systems, Inc.Assignee's Address: 3270 Alpine Road, Portola Valley, CA 94028Signature: Date: 9-2-98Declarant's Name: Steven R. BystromDeclarant's Address: 3270 Alpine Road, Portola Valley, CA 94028